

PERFORM TO SERVE (PTS)

RECORD OF ENLISTED COUNSELING

PRIVACY ACT STATEMENT

The authority for requesting the following information is contained in 5 U.S.C. sec. 301, 10 U.S.C. 5947, 44 U.S.C. sec. 3101, and Executive Order No. 9397. This information will be used to document quality force counseling actions not prescribed in other directives. Department of the Navy personnel may also use the information for evaluations and determinations in disciplinary, punitive and/or administrative actions. Disclosure of this information is voluntary.

ADSD		EAOS		PRD	
NAME (Last, First, Middle Initial)		GRADE		SSN	
DEPARTMENT/DIVISION/WORK CENTER		NAME/GRADE OF COUNSELOR			
REASON FOR PTS COUNSELING:					
AUTHORIZED REENLISTMENT-IN-RATE		AUTHORIZED RATE CONVERSION		AUTHORIZED EXTENSION	
DTG OF PTS MESSAGE		NUMBER OF PTS LOOKS			
INFORMED TO BEGIN SEPARATION PROCESSING					

NOTES - PTS RESULTS ARE FINAL, THERE IS NO RECOURSE TO FINAL DECISION.

- MEMBER MUST FOLLOW THROUGH WITH PTS PROCESSING OR SEPARATE AT EAOS UNLESS AUTHORIZED TO EXTEND AS PER MESSAGE OR NAVADMIN.

PLAN DEVELOPED BY THE MEMBER AND COUNSELOR TO PREPARE AND BEGIN PROCESSING FOR PTS IAW RESULTS FROM APPLICABLE PTS MESSAGE (Outline all options discussed and indicate which actions the member has personally elected to pursue.)

Signature of Counselor / Date

Signature of Member / Date

*** THIS SECTION FOR USE ONLY IF INDICATED TO BEGIN SEPARATION PROCESSING ***

This counseling is made to inform member of PTS separation policy and provide transition counseling and assistance IAW Navy policy as directed by current NAVADMIN and DD form 2648.

> Member/Chain of Command has contacted his/her Personnel Clerk to begin separation processing:	YES	NO
> Member requests to extend for 2 months, at CO's discretion, to allow for further transition assistance:	YES	NO
- Special request chit for 2 month extension, if eligible and applicable, attached:	YES	NO
> DD Form 2648 (Pre-Separation Counseling Checklist) attached:	YES	NO

Signature of Counselor / Date

Signature of Member / Date

DEPARTMENT CC:

DIVISION LCPO:

DIVISION OFFICER:

DEPARTMENT LCPO:

DEPARTMENT HEAD:

COMMAND CAREER COUNSELOR:

PERSONNEL OFFICE:

** Copy of counseling to: Member, Dept CC records, CCC records, Personnel (processing) **